

December 5, 2002

**NATIONAL LEADERSHIP BOARD**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive defines the purpose, function, procedures, and membership of the VHA National Leadership Board (NLB).

**2. BACKGROUND:** The NLB plays an active and extensive role in determining VHA policy, strategy, and oversight of organizational performance. It serves as a forum to share responsibility for VHA governance, coordinates and oversees the activities of VHA, ensures alignment with Department priorities and goals, develops and disseminates information both internal and external to the organization, and facilitates the inclusion of diverse views and opinions of various organizational constituencies within VHA.

**3. POLICY:** It is VHA policy that the NLB serves in an advisory capacity to the Under Secretary for Health on matters pertaining to VHA policy, planning, and performance.

**4. ACTION**

a. **Functions**

(1) Recommend policy to guide VHA operations.

(2) Establish a clear direction and strategic goals and objectives for VHA, as well as formulate strategies to accomplish those goals including deployment plans for implementing Board actions.

(3) Determine standards and measures for organizational performance, including financial performance, and ensure that they are met.

(4) Coordinate emerging issues with other parts of VA to ensure proper alignment of VHA goals and strategies with those of the Department and other Administrations.

(5) Identify legislative proposals and initiatives essential to meet its strategic goals.

(6) Ensure key information and best practices are effectively disseminated.

(7) Participate in the on-going development of key leaders in the organization and, in particular, Board members.

(8) Carry out the responsibilities of the Executive Resources Board and Performance Review Board (PRB).

**THIS VHA DIRECTIVE EXPIRES DECEMBER 30, 2007**

## VHA DIRECTIVE 2002-078

December 5, 2002

- (9) Carry out the responsibilities of the Screening and Evaluation Committee.

### b. Membership

- (1) The Under Secretary for Health will serve as the chair of the NLB.

(2) Voting members include: All Network Directors and Chief Officers, and other senior leaders designated by the Under Secretary for Health.

(3) Non-voting members include: Six Assistant Secretaries (Policy and Planning, Management, Congressional and Legislative Affairs, Public and Intergovernmental Affairs, Information and Technology, Human Resources and Administration), as well as the Under Secretaries for the National Cemetery Administration (NCA) and the Veterans Benefits Administration (VBA) and General Counsel. **NOTE:** *These offices may also be represented on the Board committees described later.*

(4) Board members are not permitted to appoint alternates. All members are expected to be present for meetings unless excused by the Chair. Full and active attendance is essential to the proper and effective functioning of the NLB. Board members and Committee members will be actively engaged, participate in, and contribute to Board activities to fulfill their governance responsibilities and be held fully accountable for those responsibilities.

### c. Structure

(1) The NLB is comprised of six Committees of the Board to address key aspects of the VHA enterprise to include (See Attachments A thru G): **NOTE:** *These Committees each carry out similar functions and responsibilities and engage in a variety of activities and responsibilities specific to the committee's purview and area of responsibility.*

(a) Strategic Planning.

(b) Health Systems.

(c) Finance.

(d) Informatics and Data Management.

(e) Communications.

(f) Human Resources.

(2) Functions pertinent to each Committee's areas of responsibility:

(a) Recommend/formulate policy.

(b) Recommend strategic direction/plans.

- (c) Identify legislative proposals and initiatives.
- (d) Provide organizational performance oversight.
- (e) Ensure effective deployment of policies, plans and strategies.
- (f) Ensure effective communication of policies, plans and strategies.
- (g) Identify the educational and developmental needs of committee and/or Board members.
- (h) Develop performance and quality measures for functional areas of responsibility.
- (i) Ensure that all four of the VA missions are appropriately considered.
- (j) Ensure alignment with other parts of the VHA and VA.

(3) Committee Responsibilities.

(a) Each Committee has specific responsibilities for key aspects of VHA corresponding to the seven categories of the Malcolm Baldrige National Quality Award Program for healthcare organizations. Accordingly, each Board Committee will, on an ongoing basis, assess VHA structure, processes, and decisions using the applicable Baldrige criteria.

(b) Each Committee must have an appointed Chair and Vice Chair. Customarily, one will be a Network Director and the other a Chief Officer, to facilitate improved integration of field and program interests, objectives and plans.

(c) Membership of Board Committees will include adequate representation from among field and VHA Central Office leaders such as clinical services managers, quality managers, VA Medical Center directors, program office directors and others to address the responsibilities of the Committee. Departmental representatives may also serve as members of Board Committees at the discretion of the Board Chair. Stakeholders may be invited to provide input to Board Committees on an ad hoc basis.

(d) An Executive Committee of the Board, co-chaired by senior officials designated by the Under Secretary for Health, oversees corporate performance management; ensures adherence to applicable compliance and ethical standards; provides a forum for rapid decision-making between regular Board meetings; determines the Board agenda, develops and applies criteria for Board business; approves performance measures; assesses Board and overall organizational performance; and institutes improvements to enhance the focus and efficiency of the National Leadership Board. The Executive Committee is also responsible for identifying, developing and educating Board and Committee members, as well as evaluating, rotating, and approving Committee assignments. One of the chairs of the Executive Committee will serve as Chair of the NLB in the absence of the Under Secretary for Health.

d. **Reports.** Reports from the Board Committees must be regular standing agenda items for Board meetings. Concise, one-page summaries of Committee meetings will be available in the

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

format included in Attachment H. As Board Committees have topics ready for policy deliberation by the entire NLB, the Committee will complete the executive decision memorandum (EDM) using the format in Attachment I. The completed EDM will be forwarded to the Executive Committee at least two weeks prior to the monthly meeting to be considered for the agenda.

e. **Agenda**. The agenda will be the responsibility of the Executive Committee and will be based on the work of the seven Board Committees. Each Committee will have a standing reporting time of 10 minutes and may request additional time as necessary to present executive decision memoranda or other presentations. The agenda with supporting documentation will be distributed at least 5 workdays prior to the meeting.

f. **Meetings**

(a) The NLB meets monthly in Washington, D.C. Meetings will be limited to one day commencing on the afternoon of the third Wednesday of each month and concluding at noon on the following day. The Executive Committee will meet either face-to-face or via videoconference the first week of each month to review and prepare Board work for the month's meeting. The Board Committees should meet monthly, either in conjunction with monthly NLB meetings or at the call of the Chair, and will provide monthly reports to the Board. Semi-annual Board retreats at a field location and involving stakeholders, as appropriate, will be conducted with a focus on education and development of Board members and strategic planning.

(b) Minutes will be taken at each meeting and attendance will be kept and recorded in the minutes. Meeting minutes will be distributed to the NLB members prior to the next meeting for review.

**5. REFERENCES:** None.

**6. FOLLOW-UP RESPONSIBILITY:** The Office of the Under Secretary for Health is responsible for the contents of this Directive. Questions may be directed to 202-273-5826

**7. RESCISSION:** This VHA Directive expires on December 30, 2007.

Robert H. Roswell, M.D.  
Under Secretary for Health

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**ATTACHMENT A**

**EXECUTIVE COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To provide leadership to the Veterans Health Administration (VHA) governance process and operation of the National Leadership Board (NLB) by ensuring effective process management, determining the NLB agenda, developing member capability, assessing NLB performance, instituting improvements, and enhancing the focus and efficiency of the NLB.

**2. Responsibilities**

a. Administer and oversee the operations of the NLB including, but not limited to, developing NLB meeting agendas, developing criteria for NLB jurisdiction and other related functions.

b. Develop format and process for decision documents to be addressed by the NLB and design an Executive Decision Memorandum document to ensure that stakeholder input is included.

c. Annually evaluate NLB processes and recommend changes or improvements as necessary.

d. Develop process and selection criteria for NLB and Committee membership and rotations.

e. Coordinate and oversee VHA organizational performance measurement system.

f. Develop processes for the Executive Committee to address issues, which arise that need a rapid response prior to the next NLB meeting. Design a system of communication to ensure that all NLB members are kept apprised of any decisions made between NLB meetings.

g. Ensure appropriate and effective communication of NLB actions and activities including consistent deployment of NLB decisions throughout the system. Working with the Communications Committee, ensure NLB decisions are effectively communicated to stakeholders.

h. Ensure coordination among NLB committees. Make determinations on the appropriate Committee to address issues and reconcile or arbitrate situations where Committees have disparate perspectives.

i. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered.

j. Ensure alignment with other elements of VA. Design NLB processes to include adequate communication to and input from the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA). Ensure that decisions and processes of the NLB are aligned with VA goals.

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

k. Provide oversight for the Compliance and Business Integrity program. Ensure that NLB members are informed and updated regularly on their responsibilities in this area.

l. Ensure that NLB members are informed and updated regularly on their ethical responsibilities and that NLB policy and program discussions are based on sound ethical principles.

m. Oversee the education of NLB members on both organizational issues and NLB responsibilities.

n. Coordinate with Employee Education Service (EES) for semiannual retreats for education and strategic planning.

o. Meet monthly, customarily the first week of the month, to review and prepare NLB work for the month's meeting.

**3. Committee Leadership and Reporting Relationship:** The Executive Committee Chair and Vice Chair will be senior officials designated by the Under Secretary for Health. The Committee will report directly to the NLB.

**4. Authority and Limitations:** The Executive Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Chair of the Executive Committee has the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. The Executive Committee has the authority to approve standing subcommittees. The Executive Committee is authorized to address ad hoc issues requiring a rapid response and forward recommendations to the Under Secretary for Health for approval.

**5. Membership:** Membership of the Executive Committee is comprised of the chairs of the NLB standing committees and others deemed appropriate by the Executive Committee Chair or the Under Secretary for Health.

### **6. Standing Subcommittees**

a. National Ethics Committee.

b. Performance Measures Work Group.

c. Compliance Advisory Committee.

**7. Evaluation:** In addition to an annual assessment of the NLB, an annual evaluation of the overall effectiveness of the Executive Committee will be conducted. The evaluation will include a review of the membership, charter, and subcommittees. A report of the annual evaluation will be submitted to the Chair of the NLB.

**ATTACHMENT B**

**COMMUNICATIONS COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To recommend policies and plans and provide oversight of internal and external Veterans Health Administration (VHA) communication strategies and management.

**2. Responsibilities**

- a. Formulate and recommend policies to ensure effective internal and external communications.
- b. Recommend communication strategies to articulate National Leadership Board (NLB) activities.
- c. Identify legislative proposals and initiatives to move VHA towards its goals and objectives. Oversee communication of approved legislation.
- d. Provide review and organizational oversight of internal and external communication.
- e. Ensure effective communication of VHA policies, plans and strategies.
- f. Ensure effective deployment of communication policies, plans, strategies and assessment of end-user satisfaction.
- g. Identify the educational and developmental needs of the Communication Committee and NLB members. Coordinate with the Executive Committee and Employment Education System (EES) to develop training interventions to address identified needs.
- h. Develop and recommend to the Executive Committee communication standards and quality measures to ensure VHA is accomplishing its strategic goals.
- i. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered in both internal and external communications.
- j. Ensure integration of VHA communication strategies with Departmental strategies and goals.
- k. Develop management strategies for stakeholder relations and for ensuring effective communication with external stakeholders.
- l. Oversee procedures for effective VHA internal communication to and from the NLB, VA Central Office and field facilities.

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

m. Oversee patient feedback and service recovery goals and strategies; oversee collection, assessment, and dissemination of this data to support these goals.

n. Ensure that VHA internal and external communications are in alignment with the goals of VHA and VA.

**3. Committee Leadership and Reporting Relationships:** The Communications Committee Chair and Vice Chair will customarily be a Network Director and Chief Officer appointed by the Under Secretary for Health. The Committee Chair will provide routine reports on Committee activities to the NLB coordinated by the Executive Committee. The Communications Committee will report directly to the NLB. The Communications Committee will meet monthly or at the call of the Chair.

**4. Authority and Limitations:** The Communications Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Chair of the Communications Committee has the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the Executive Committee for approval.

**5. Membership:** Members of the Communications Committee will be appointed by the Under Secretary for Health on the recommendation of the Executive Committee and will be comprised of NLB members and field and VA Central Office leaders.

**6. Standing Subcommittees:** VA Voluntary Service Committee.

**7. Evaluation:** An annual evaluation of the overall effectiveness of the Communications Committee will be conducted. The evaluation will include a review of the membership, charter and subcommittees. A report of the annual evaluation will be submitted to the Executive Committee of the NLB.



**ATTACHMENT C**

**FINANCE COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To recommend policies and plans and provide oversight of Veterans Health Administration (VHA) financial strategies and management.

**2. Responsibilities**

- a. Formulate and recommend policies for financial management.
- b. Recommend strategic plans and direction including methodologies to ensure sound financial management.
- c. Identify legislative proposals and initiatives needed to accomplish VHA goals and objectives.
- d. Provide fiscal oversight of VHA organizational performance.
- e. Ensure effective communication and uniform deployment of fiscal policies, plans, strategies and assessment of end-user satisfaction.
- f. Identify the educational and developmental needs of the Finance Committee and National Leadership Board (NLB) members. Coordinate with the Executive Committee and Employment Education System (EES) to develop training interventions to address identified needs.
- g. Oversee VHA budget formation and execution process.
- h. Develop sound financial models and effective resources allocation methodologies.
- i. Develop and recommend, to the Executive Committee, financial performance and quality measures including an auditing function that will ensure accountability and accuracy consistent with accepted government accounting conventions.
- j. Oversee revenue generation programs (e.g. MCCF collections, sharing agreements, enhanced use leases).
- k. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered in financial decisions.
- l. Develop procurement policies that ensure effective use of VHA financial resources.
- m. Ensure that the capital and financial planning processes are aligned with the strategic planning process.
- n. Ensure that financial decisions are aligned with the goals of VHA and VA.

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

**2. Committee Leadership and Reporting Responsibilities:** The Finance Committee Chair and Vice Chair will customarily be a Network Director and Chief Officer appointed by the Under Secretary for Health. The Finance Committee Chair will provide routine reports on Committee activities to the NLB, coordinated by the Executive Committee. The Finance Committee will report directly to the NLB. The Finance Committee will meet monthly or at the call of the Chair.

**3. Authority and Limitations:** The Finance Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Finance Committee Chair has the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the Executive Committee for approval.

**4. Membership:** Members of the Finance Committee will be appointed by the Under Secretary for Health on the recommendation of the Executive Committee and will be comprised of NLB members and field and VA Central Office leaders.

### **5. Standing Subcommittees**

- a. Screening and Evaluation Committee.
- b. Decision Support System (DSS) Steering Group.
- c. VHA Chief Logistics Officers Council.

**6. Evaluation:** An annual evaluation of the overall effectiveness of the Finance Committee will be conducted. The evaluation will include a review of the membership, charter and subcommittees. A report of the annual evaluation will be submitted to the Executive Committee of the NLB.

**ATTACHMENT D**

**HEALTH SYSTEMS COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To recommend policies and plans and provide oversight of clinical practices, health care service delivery, research, education and National Disaster Preparedness.

**2. Responsibilities**

- a. Formulate and recommend policies on clinical practices and delivery of healthcare services.
- b. Recommend strategic plans and direction for clinical services.
- c. Identify legislative proposals and initiatives that are needed to move the Veterans Health Administration (VHA) towards its goals and objectives.
- d. Provide organizational performance oversight of clinical practices and health care service delivery.
- e. Ensure effective communication and deployment of clinical policies, plans, strategies and end-user satisfaction. Promote beneficial standardization of clinical practices.
- f. Identify the educational and developmental needs of the Health Systems Committee and National Leadership Board (NLB) members. Coordinate with the Executive Committee and Employment Education System (EES) to develop training interventions to address the identified needs.
- g. Develop and recommend, to the Executive Committee, performance and quality measures to ensure that VHA is accomplishing strategic goals.
- h. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered in decisions about VHA health care delivery systems.
- i. Provide oversight of the health professions education programs.
- j. Provide oversight of VHA research programs.
- k. Oversee VHA emergency response programs ensuring that VA is prepared to provide health care services in times of war and in response to local or national disasters.
- l. Provide oversight and direction for VHA patient safety programs, ensuring that VA remains a recognized leader in patient safety initiatives.

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

m. Coordinate and oversee the clinical acquisition planning process. Develop processes to ensure that clinical acquisitions are aligned with strategic objectives.

n. Ensure coordination and alignment of VHA clinical practices and health care service delivery systems, research and education plans and initiatives with other elements of VA.

**3. Committee Leadership and Reporting Relationship:** The Health Systems Committee Chair and Vice Chair will customarily be a Network Director and Chief Officer appointed by the Under Secretary for Health. The Health Systems Committee Chair will provide routine reports on committee activities to the NLB, coordinated by the Executive Committee. The Health Systems Committee will report directly to the NLB. The Health Systems Committee will meet monthly or at the call of the Chair.

**4. Authority and Limitations:** The Health Systems Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Chair of the Health Systems Committee has the authority to convene time-limited ad hoc committees and task forces to assist the committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the Executive Committee for approval.

**5. Membership:** Members of the Health Systems Committee will be appointed by the Under Secretary for Health on the recommendation of the Executive Committee and will be comprised of NLB members and field and VA Central Office leaders.

### **6. Standing Subcommittees**

- a. Standardization User Groups.
- b. Acquisitions Board.
- c. Health Administration Services Field Advisory Board.
- d. Health Care Improvement Registry (HCIR) and HCIR Steering Committee.
- e. VA/VHA Research Misconduct Implementation Work Group.
- f. Technical Advisory Committee (TAC).
- g. National Advisory Council for Clinical Practice Guidelines.
- h. Visual Impairment Advisory Board.
- i. Committees Advisory to Office of Patient Care Services.

**7. Evaluation:** An annual evaluation of the overall effectiveness of the Health Systems Committee will be conducted. The evaluation will include a review of the membership, charter and subcommittees. A report of the annual evaluation will be submitted to the Executive Committee of the NLB.

**ATTACHMENT E**

**HUMAN RESOURCES COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To recommend policies and plans and to provide oversight of Veterans Health Administration (VHA) human resources and workforce strategies, development and management.

**2. Responsibilities**

- a. Formulate and recommend policies related to human resources development and management and maintenance of a safe, productive workplace environment.
- b. Recommend human resources strategic direction and plans in alignment with VHA strategic goals.
- c. Identify legislative proposals and initiatives that are needed to ensure a competent and highly motivated workforce.
- d. Provide organizational performance oversight in the area of human resources management.
- e. Ensure effective communication and deployment of human resources policies, plans and strategies.
- f. Identify the educational and developmental needs of the Human Resources Committee and National Leadership Board (NLB) members. Coordinate with the Executive Committee and the Employment Education System (EES) to develop training interventions to address identified needs.
- g. Develop and recommend to the Executive Committee human resources performance and quality measures to ensure VHA is accomplishing strategic goals.
- h. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered in human resources management.
- i. Ensure that VHA recruitment and retention efforts, succession planning, workforce development, and human resources management strategies are aligned with the goals of VHA and with other elements of VA.
- j. Provide appropriate oversight of the following programs:
  - (1) High Performance Development Model.
  - (2) Equal Employment Opportunity/Office of Resolution Management.

**VHA DIRECTIVE 2002-078**  
**December 5, 2002**

- (3) Diversity Management.
- (4) Succession Planning and Workforce Development.
- (5) Employee Satisfaction.
- (6) Labor Relation.
- (7) Workforce Education.

k. Serve as the designated VHA Executive Resources Board (ERB) and the Performance Review Board (PRB). The Committee will ensure that all functions assigned to these Boards are accomplished in a timely manner.

**3. Committee Leadership and Reporting Relationships:** The Human Resources Committee Chair and Vice Chair will customarily be a Network Director and Chief Officer appointed by the Under Secretary for Health. The Human Resources Committee Chair will provide routine reports on committee activities to the NLB coordinated by the Executive Committee. The Human Resources Committee will report directly to the NLB. The Human Resources Committee will meet monthly or at the call of the Chair.

**4. Authority and Limitations:** The Human Resources Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Chair of the Human Resources Committee has the authority to convene time-limited ad hoc committees and task forces to assist the committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the Executive Committee for approval.

**5. Membership:** Members of the Human Resources Committee will be appointed by the Under Secretary for Health on the recommendation of the Executive Committee and will be comprised of NLB members and field and VA Central Office leaders.

**6. Standing Subcommittees**

- a. Executive Resources Board (ERB).
- b. Performance Review Board (PRB).
- c. VHA Succession Plan Deployment Committee.

**7. Evaluation:** An annual evaluation of the overall effectiveness of the Human Resources Committee will be conducted. The evaluation will include a review of membership, the charter, and sub-committees. The report of the annual evaluation will be submitted to the Executive Committee of the NLB.

**ATTACHMENT F**

**INFORMATICS AND DATA MANAGEMENT COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To recommend policies and plans and provide oversight of Veterans Health Administration (VHA) informatics and data management strategies.

**2. Responsibilities**

- a. Formulate and recommend policies on informatics and data management.
- b. Recommend strategic plans to ensure information technology (IT) and processes are aligned with VHA strategic goals.
- c. Identify legislative proposals and informatics and data management initiatives needed to accomplish VHA goals and objectives.
- d. Provide organizational performance oversight in the areas of informatics and data management.
- e. Ensure effective communication and deployment of IT policies, plans, strategies and end-user satisfaction.
- f. Identify the educational and developmental needs of the Informatics and Data Management Committee (IDMC) and National Leadership Board (NLB) members. Coordinate with the Executive Committee and the Employment Education System (EES) to develop training interventions to address identified needs.
- g. Develop and recommend, to the Executive Committee, IT performance and quality measures to ensure that VHA is accomplishing strategic goals.
- h. Ensure appropriate data standardization throughout VHA and consistency with IT business rules.
- i. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered in IT and data management decisions.
- j. Oversee the E-health transition within VHA.
- k. Oversee VHA information security system and confidentiality of electronic and physical data.
- l. Develop IT procurement policies that support clinical needs and ensure effective use of VHA financial resources.

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

m. Ensure that the IT strategies, plans, and goals stay abreast of emerging technologies and are aligned with the strategic planning process. Oversee the development of an IT architecture that supports the clinical goals of VHA.

n. Ensure that IT and data management decisions are aligned with the goals of VHA and VA.

**3. Committee Leadership and Reporting Relationships:** The Informatics and Data Management Committee Chair and Vice Chair will customarily be a Network Director and key VHA Central Office Officer appointed by the Under Secretary for Health. The Informatics and Data Management Committee Chair will provide routine reports on Committee activities to the NLB, coordinated by the Executive Committee. The Informatics and Data Management Committee will report directly to the NLB. The Informatics and Data Management Committee will meet monthly or at the call of the Chair.

**4. Authority and Limitations:** The Informatics and Data Management Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Chair of the Informatics and Data Management Committee has the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the Executive Committee for approval.

**5. Membership:** Members of the Informatics and Data Management Committee will be appointed by the Under Secretary for Health on the recommendation of the Executive Committee. Membership will be comprised of NLB members, and VHA Central Office field leaders.

**6. Standing Subcommittees:** Any standing committee to the IDMC that regularly produces minutes will provide them to the IDMC, which will also review any policy decisions made by the standing committees.

a. VHA Data Consortium.

b. VHA Information Technology Advisory Screening Committee.

c. VHA Veterans Integrated Service Network (VISN) Chief Information Officer (CIO) Council (including the Architecture Planning Workgroup and the Executive Board Membership subcommittees).

d. Improving Information Systems (OIS) Workgroup of the Quality Interagency Coordination Task Force.

e. Federal Health Information Exchange (FHIE) Program.

f. Ambulatory Data Collaborative.



**December 5, 2002**

g. Enterprise Information Systems (EIS) Workgroups (includes workgroups for: Registration, Eligibility and Enrollment, Health Data, Health Providers, Management and Finance, Information and Education).

**7. Evaluation.** An annual evaluation of the overall effectiveness of the Informatics and Data Management Committee will be conducted. The evaluation will include a review of the membership, charter and subcommittees. A report of the annual evaluation will be submitted to the Executive Committee of the NLB.



**ATTACHMENT G**

**STRATEGIC PLANNING COMMITTEE  
OF THE  
VHA NATIONAL LEADERSHIP BOARD**

**1. Purpose:** To recommend policies and plans and provide oversight for the Veterans Health Administration (VHA) strategic planning process and initiatives.

**2. Responsibilities**

- a. Formulate and recommend policies on strategic planning for VHA.
- b. Develop strategic planning models and processes that are systematic, informed, participatory, analytic, and accountable.
- c. Ensure that goals and strategies are consistent with Department of Veterans Affairs (VA) and VHA vision, mission, and core values.
- d. Oversee the strategic planning process including strategic assessments and annual submission of VHA strategic plans to the National Leadership Board (NLB) for approval.
- e. Ensure that financial, capital asset, human resources and information resources planning processes are integrated with strategic planning processes and outcomes.
- f. Develop strategies to enhance VA-Department of Defense (DOD) sharing agreements and joint ventures.
- g. Identify legislative proposals and initiatives needed to accomplish VHA goals and objectives.
- h. Provide organizational performance oversight of the strategic planning process.
- i. Ensure effective communication and deployment of policies, plans, strategies and assessment of end-user satisfaction.
- j. Ensure effective communication to facilitate management of strategic relationships. Ensure that stakeholders are kept informed of strategic plans.
- k. Identify the educational and developmental needs of the Strategic Planning Committee and NLB members. Coordinate with the Executive Committee and the Employment Education System (EES) to develop training interventions to address identified needs.
- l. Develop and recommend, to the Executive Committee, performance and quality measures to ensure VHA accomplishes its strategic goals.
- m. Ensure that all four VA missions are appropriately considered in VHA strategic plan.

## **VHA DIRECTIVE 2002-078**

**December 5, 2002**

- n. Ensure that VHA strategic goals are aligned with VA strategic goals.
- o. Provide oversight of the CARES Program.
- p. Provide oversight of the VHA capital asset management program.

**3. Committee Leadership and Reporting Relationship:** The Strategic Planning Committee Chair and Vice Chair will customarily be a Network Director and Chief Officer appointed by the Under Secretary for Health. The Strategic Planning Committee Chair will provide routine reports on committee activities to the NLB, coordinated by the Executive Committee. The Strategic Planning Committee will report directly to the NLB. The Strategic Planning Committee will meet monthly or at the call of the Chair.

**4. Authority and Limitations:** The Strategic Planning Committee is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The Chair of the Strategic Planning Committee has the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the Executive Committee for approval.

**5. Membership:** Members of the Strategic Planning Committee will be appointed by the Under Secretary for Health on the recommendation of the Executive Committee and will be comprised of NLB members and field and VA Central Office leaders.

**6. Standing Subcommittees:** None.

**7. Evaluation:** An annual evaluation of the overall effectiveness of the Strategic Planning Committee will be conducted. The evaluation will include a review of the membership, charter, and subcommittees. A report of the annual evaluation will be submitted to the Executive Committee of the NLB.

**ATTACHMENT H**

**Sample Format for Board Committee Monthly Report**

**Board Committee**\_\_\_\_\_ **Date**\_\_\_\_\_

**1. Updates on Current or Emerging Issues:**

**2. Items for Presentation or Board Action:**

**3. Follow-up to previous Board Issues:**



ATTACHMENT I

SAMPLE FORMAT  
FOR  
VETERANS HEALTH ADMINISTRATION  
EXECUTIVE DECISION MEMO

**TO:** Under Secretary for Health (10)

**THROUGH:** National Leadership Board

**THROUGH:** \_\_\_\_\_ Board Committee

**FROM:**

**SUBJECT:**

**For Further Information Contact:**

**Action Requested:** \_\_\_\_\_ Request for approval  
\_\_\_\_\_ Request for discussion or further review  
\_\_\_\_\_ For your information  
\_\_\_\_\_ Other (specify)

**STATEMENT OF ISSUE:** A concise statement of the issue, circumstance or situation that needs to be addressed or resolved.

**RECOMMENDATION (of the requestor):** A succinct statement of what action is being recommended to address or resolve the issue.

POLICY BOARD DISCUSSION:

POLICY BOARD RECOMMENDATION:

**APPROVE/DISAPPROVE  
COMMENT:**

\_\_\_\_\_  
Under Secretary for Health

## VHA DIRECTIVE 2002-078

December 5, 2002

**I. STATEMENT OF ISSUE:** A concise statement of the issue, circumstance or situation that needs to be addressed or resolved.

**II. SUMMARY OF FACTS AND/OR BACKGROUND:** A succinct discussion or review of the relevant facts or circumstances bearing on the issue (one to a few paragraphs).

**III. SYNOPSIS OF SIGNIFICANT RELATED ISSUES:** A statement of any related or peripheral issues not covered in II that also should be considered (one to a few paragraphs).

**IV. CRITERIA FOR DECISION MAKING:** A listing of all significant criteria upon which the options for addressing the issue will be judged pro or con. ***NOTE:** This section should precisely specify the basis for making the decision.*

**V. CROSSCUTTING ISSUES:** A brief description of how the recommended options would influence or impact other elements of the VA organization or other agencies.

**VI. STAKEHOLDER INVOLVEMENT:** A brief description of VA and VHA stakeholders that would be effected by the options, the process for obtaining input from those stakeholders and the nature of that input.

**VII. OPTIONS AND ARGUMENTS:** A listing of the various options for actions that could be taken to address or resolve the issue or situation and the arguments for and against each. ***NOTE:** Remember that no action is always one option.*

### **Option 1:**

Arguments Pro:

Arguments Con:

### **Option 2:**

Arguments Pro:

Arguments Con:



**VIII. RECOMMENDED OPTION:** A succinct statement of what action is being recommended to address or resolve the issue.

**IX. DISSENTING OPINIONS REGARDING RECOMMENDED OPTION:** When the recommended option is the result of a committee or group process, then major dissenting views or minority opinion should be noted, as well.

**X. EFFECT OF RECOMMENDED OPTION ON EXISTING PROGRAMS AND/OR FACILITIES:** An assessment of the effect of the recommended action on existing programs or facilities.

**XI. LEGAL OR LEGISLATIVE CONSIDERATIONS OF THE RECOMMENDED OPTION:** A brief discussion of any legal or legislative issues, concerns or considerations stemming from the recommended action.

**XII. BUDGET OR FINANCIAL CONSIDERATIONS OF THE RECOMMENDED OPTION:** A discussion of any costs and/or any financial or budgetary effects of the recommended action, including the present availability of any needed resources. ***NOTE:** This section must have concurrence of the Chief Financial Officer that costs and/or budget effects are reasonable prior to submission to the Policy Board and Under Secretary for Health.*

**XIII. PUBLIC RELATIONS OR MEDIA CONSIDERATIONS OF THE RECOMMENDED OPTION:** A discussion of any potential public relations or media problems, opportunities, etc., raised by the recommended action.

**XIV. CONGRESSIONAL OR OTHER PUBLIC OFFICIAL OR AGENCY CONSIDERATIONS OF THE RECOMMENDED OPTION:** A discussion of any Congressional and/or other public official or agency notification or involvement considerations raised by the recommended action.

**XV. IMPLEMENTATION:** A brief discussion of the timing, sequence and implementation of the recommended action, including major implementation milestones. The proposed lead office or lead person and support offices should be clearly identified. Any anticipated obstacles should be noted.

**VHA DIRECTIVE 2002-078**  
**December 5, 2002**